Nanofab User Work Proposal Form

Nanofab Users Name:	Supervisor Name/ Extension:
<u>Laboratory:</u> (circle one)	1) NIST EmployeeYesNo
EEEL, MSEL, MEL, BFRL, CSTL, PL	2) Guest ResearcherYesNo
<u>Division:</u>	3) Other:
	Expected Start Date:
Bldg./Office:	Expected End Date (Optional):
Extension:	Email Address:
Project Name/Description:	
Describe in brief detail the work you intend to conduct in the Nanofab:	
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Explain why the Nanofab is required to do above research:	
What equipment will be utilized to do the work described above:	
Nanofab Work Proposal Form-NWP1	